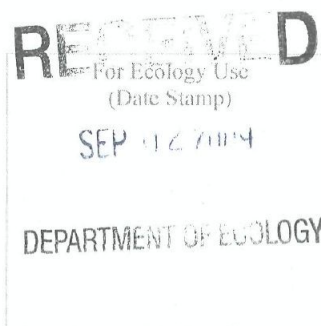




State of Washington  
Application for a Water Right Permit

☐ SURFACE WATER ☐ GROUND WATER  
☒ Permanent ☐ Temporary ☐ Short Term



Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO  
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: GARY A. RUDRUD	Phone No: 360-273-5329	Other No: 360-359-6133
Address: PO BOX 673 - 56 GARRARD CREEK ROAD		
City: OAKVILLE	State: WA	Zip: 98568
Email Address (optional):		

Contact Name (if different from above): LOLA M. RUDRUD	Phone No: 360-273-5329	Other No:
Relationship to Applicant: SPOUSE		
Address: PO BOX 673 - 56 GARRARD CREEK ROAD		
City: OAKVILLE	State: WA	Zip: 98568
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: DOMESTIC USE - SINGLE

Anticipated length of time to complete your project: COMPLETED - SEE SYSTEM DESCRIPTION

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
DOMESTIC USE	5 GPM		CONTINUOUSLY
TOTAL:			

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: / / TO: / /

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

For Ecology Use	APPLICATION NO: 52-30530	SEPA: Exempt/Not Exempt
Fee Paid: <input checked="" type="checkbox"/>	Check No:	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 9/2/09 By SC
		WRIA: 2



A.) If Surface Water Source				B.) If Ground Water Source		
<input checked="" type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____		
Source Name: <u>NO NAME</u>				Well diameter & depth: _____		
Tributary to: <u>CHEHALIS RIVER</u>				Number of proposed points of withdrawal: _____		
Number of proposed diversion points: _____				Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.		
				Well Tag ID No. _____		
C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
<u>160536330010</u>	<u>SW</u>	<u>1/16</u>	<u>36</u>	<u>16 N</u>	<u>5W</u>	<u>GRAYS HARBOR</u>
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____ ) corner of Section _____.						
Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____ ) corner of Section _____.						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO  
Provide the owner name(s), address, and phone number: \_\_\_\_\_

Section 4. PLACE OF USE						
Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.						
<u>SEE ATTACHED LEGAL DESCRIPTION. * POINT OF DIVERSION / WITHDRAWAL AND PLACE OF USE INDICATED ON MAP</u>						
¼	¼	Section	Twp.	Range	County	Parcel No.
<u>SW</u>	<u>1/16</u>	<u>36</u>	<u>16N</u>	<u>5W</u>	<u>GRAYS HARBOR</u>	<u>160536330010</u>

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO  
Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO  
If yes, provide the water right and/or claim numbers: \_\_\_\_\_

\* Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.



## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from

source): FROM THE SPRING TO A SETTLING POND 4'x4' WITH  
MAXIMUM DEPTH OF 8" - FROM THE SETTLING POND BY  
WAY OF A 3" PIPE TO A CONCRETE HOLDING TANK 8'x8'  
WITH 4' DEPTH - FROM HOLDING TANK BY WAY OF 3/4 JET  
PUMP TO THE HOUSE. (WILL INSTALL UV PURIFICATION  
AND PARTICLE FILTER.) A 6" OVERFLOW PIPE RETURNS  
EXCESS WATER TO NORMAL FLOW.

## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: <u>ONE (1)</u>	Present population to be served water: _____
Type of connections: <u>HOME</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ _____ _____ _____	

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_

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**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_

\_\_\_\_\_

**Other Use**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: WATER IS PUMPED TO  
AND RETAINED IN A CONCRETE HOLDING TANK 8'X8'  
WITH 4' DEPTH

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: SOUTH I-5 TO EXIT 88 / WEST ON  
STATE HWY 12 TO OAKVILLE (APPROX 12M) / (L) ON STATE  
STREET / (R) ON SOUTH BANK RD (CHANGES AT CITY LIMITS) /  
CROSS OVER BRIDGE / AT END OF BRIDGE (L) ON GARRARD  
CREEK ROAD / APPROX 1/4 MILE ON (L)

Site Address: 56 GARRARD CREEK ROAD - OAKVILLE WA.



Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

GARY A. RUODUND  
Print Name  
(Applicant or authorized representative)

GARY A RUODUND  
Print Name  
(Landowner of Place of Use)

LOLA M RUODUND  
Print Name  
(Landowner of Place of Use)

Mary A. Rudrud  
Signature  
09-02-09  
Date

Mary A. Rudrud  
Signature  
09-02-09  
Date

Lola M. Rudrud  
Signature  
09-02-09  
Date

Print Name  
(Landowner of Place of Use)

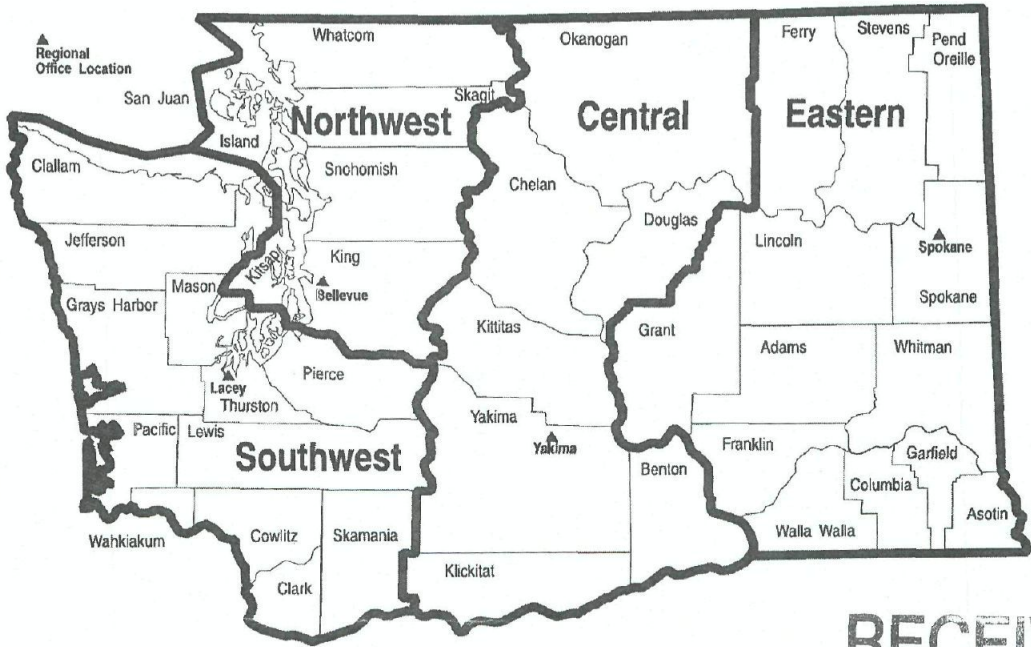
Signature

Date

Submit your application to: DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 47611  
OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.  
☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300  
Northwest Regional Office: 425-649-7000  
Central Regional Office: 509-575-2490  
Eastern Regional Office: 509-329-3400

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